

CLAIMS ONLY

Application Number 2014-00000000

Filing Date

09/59786/

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9	S	S				
10						
11						
12	S	S				
13	/					
14		/				
15		/				
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24		/				
25		/				
26		/				
27		/				
28	S	S				
29						
30	S	S				
31	/					
32		/				
33		/				
34		/				
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41	/					
42		/				
43	/					
44						
45						
46						
47						
48						
49						
50						
Total	9					
Total						
Depend	26					
Total						
Claims	35					

May be used for additional claims or amendments						
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
51						
52						
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99						
100						
Total Indep.						
Total Depend.						
Total Claims						

DEST AVAILABLE COPY